NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE BEFORE THE BOARD OF IMMIGRATION APPEALS EXECUTIVE OFFICE FOR IMMIGRATION REVIEW

Removal Motion		Bond Redetermination Motion to Reopen/Reconsider Rescission	Disciplinary	DATE ALIEN NUMBER(S) (list lead alier number and all family member alien		
I hereby ente	er my appearance as at n(s):	torney or representative for, and at t	he request of, the following	numbers if applicable)		
NAME	(First)	(Middle Initial)	(Last)			
ADDRESS	(Number & Street)	(Apt. No.)	(City)	(State) (Zip Code)		
	Please check o	ne of the following:	17 Th. 1			
1.	I am a member territory(ies), (in good standing of the bar of the higher commonwealth(s), or the District of	ghest court(s) of the following Columbia:	g State(s), possession(s),		
	Name(s) of C	ourt(s)	State Bar No. (if ap	plicable)		
		(Please use space on reverse side to	list additional jurisdictions.)			
	disbarring, suspe above comprise	am - explain fully on reverse solution, enjoining, restraining, or othe all of the jurisdictions other than federal	rwise restricting me in the pra- ral courts where I am license	actice of law and the courts listed d to practice law.		
2.	similar organiza	I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Executive Office for Immigration Review (provide name of organization):				
☐ 3		I am a law student or law graduate, reputable individual, accredited official, or other person authorized to represent individuals pursuant to 8 C.F.R. § 292. (Explain fully on reverse side.)				
governing ap	pearances and represe	tements provided on the reverse side ntation before the Board of Immigra at the foregoing is true and correct.	of this form that set forth the tion Appeals. I declare unde	regulations and conditions r penalty of perjury under the laws		
SIGNATURE OF	FATTORNEY OR REPRES	ENTATIVE EOIR ID#	TELEPHONE NUMBER (Include	Area Code) DATE		
NAME OF ATTO	ORNEY OR REPRESENTA	TIVE (TYPE OR PRINT) ADDRESS	Check here if this	s is a new address		
		Certificate of	Service			
Ι ———	(Name)	mailed or delivered a cop		to the Immigration		
and Naturalis	zation Service at	(Address)	·		
OMB#1125-	-0005	XSignature of	of Attorney or Representative	FORM EOIR-27 August 99		

(Note: Alien may be required to sign Acknowledgement and Consent on reverse side of this form.)

HEREBY ACKNOWLEDGE THAT THE ABOVE-NAMED ATTORNEY OR REPRESENTATIVE REPRESENTS ME I	N
FHESE PROCEEDINGS AND I CONSENT $$ TO THE DISCLOSURE TO HIM/HER OF ANY RECORDS PERTAINII	NG
TO ME WHICH APPEAR IN ANY EOIR SYSTEM OF RECORDS.	

NAME OF PERSON CONSENTING

SIGNATURE OF PERSON CONSENTING

DATE

NOTE: The Privacy Act of 1974 requires that if the person being represented is or claims to be a citizen of the United States or an alien lawfully admitted for permanent residence, he/she must sign this form.)

APPEARANCES - An appearance shall be filed on EOIR Form-27 by the attorney or representative appearing in each appeal before the Board of Immigration Appeals (see 8 C.F.R. § 3.38(g)), even though the attorney or representative may have appeared in the case before the Immigration Judge or the Immigration and Naturalization Service. When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature shall constitute a representation that, under the provisions of 8 C.F.R. Chapter 3, he/she is authorized and qualified to represent individuals. Thereafter, substitution or withdrawal may be permitted upon the approval of the Board of a request by the attorney or representative of record in accordance with Matter of Rosales, 19 I&N Dec. 655 (1988). Further proof of authority to act in a representative capacity may be required.

REPRESENTATION - A person entitled to representation may be represented by any of the following:

- (1) Attorneys in the United States as defined in 8 C.F.R. § 1.1(f).
- (2) Law students and law graduates not yet admitted to the bar as defined in 8 C.F.R. § 292.1(a)(2).
- (3) Reputable individuals as defined in 8 C.F.R. § 292.1(a)(3).
- (4) Accredited representatives as defined in 8 C.F.R. § 292.1(a)(4).
- (5) Accredited officials as defined in 8 C.F.R. § 292.1(a)(5).

THIS FORM MAY NOT BE USED TO REQUEST RECORDS UNDER THE FREEDOM OF INFORMATION ACT OR THE PRIVACY ACT. THE MANNER OF REQUESTING SUCH RECORDS IS CONTAINED IN 28 C.F.R. §§ 16.1-16.11 AND APPENDICES.

Public reporting burden for the collection of information is estimated to average 6 minutes per response, including the time for reviewing the data needed, completing and reviewing the collection of information, and record-keeping. Send comments regarding this burden estimate or any other aspect of this information collection including suggestions for reviewing this burden to the Executive Office for Immigration Review, 5107 Leesburg Pike, Suite 2400, Falls Church, VA 22041.

(Please attach additional sheets of paper as necessary.)